

## Lewisburg Area School District Volunteer Application

### Contact Information

Name	
Street Address	
City, ST, ZIP	
Primary Phone	
Work Phone	
E-Mail Address	

### Availability and Location

During which hours are you available and in which building(s) would you like to volunteer?

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Mornings   | <input type="checkbox"/> Elementary School   |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Intermediate School |
| <input type="checkbox"/> Evenings   | <input type="checkbox"/> Middle School       |
|                                     | <input type="checkbox"/> High School         |

### Interests

Tell us in which areas you are interested in volunteering

- |   |   |
|---|---|
| <input type="checkbox"/> Classroom                  | <input type="checkbox"/> Evening Activities     |
| <input type="checkbox"/> Cafeteria                  | <input type="checkbox"/> Coaching               |
| <input type="checkbox"/> Field Trips/Special Events | <input type="checkbox"/> Club/Activity Advisor  |
| <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Other: Please Specify: |
| <input type="checkbox"/> Library                    |   |
| <input type="checkbox"/> Music (Band/Chorus)        |   |

### Previous Volunteer Experience, Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Additional Information**

I have been a continuous resident of Pennsylvania since \_\_\_\_\_ (year).

Have you ever volunteered in the Lewisburg Area School District before? \_\_\_ No \_\_\_ Yes

If yes, where and when:

Do you have a child attending the Lewisburg Area School District? \_\_\_ No \_\_\_ Yes

If yes, what grade(s) are they in:

**Person to Notify in Case of Emergency**

Name

Street Address

City, ST, ZIP

Primary Phone

Work Phone

E-Mail Address

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read the volunteer handbook. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Also, I will notify the district within 72 hours of any arrest or conviction of a crime that would invalidate my clearances.

Name (printed)

Signature

Date

**Our Policy**

It is the policy of the Lewisburg Area School District to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Please note that your request to serve as a volunteer must be approved annually. Thank you for completing this application form and for your interest in volunteering with us.

**For District Use Only - Do Not Write in Area Below**

Item	Date
Act 34 Clearance – PA State Police Criminal History	
Act 151 Clearance – Child Abuse	
Act 114 Clearance – FBI National Criminal History or Affidavit	
Mantoux TB Test	
Mandated Reporter Training	
Concussion Management Certification – <i>Volunteer Coaches Only</i>	
Sudden Cardiac Arrest Certification – <i>Volunteer Coaches Only</i>	
Administrator Signature: _____	